Chemist + Druggist
news + education + tools for the pharmacy community
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20 September 2008

Sue Sharpe hails funding success

See page 4

Community pharmacists top complaints league

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Pharmacy goes to Hollywood

See page 24

Valni XL (Nifedipine)...

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PRESCRIBING INFORMATION
Please refer to Summary of Product Characteristics (SmPC) before prescribing

Presentation: Prolonged release tablets containing 30mg or 60mg nifedipine

Indications: Treatment of all grades of hypertension; prophylaxis of chronic stable angina pectoris (given alone or in combination with a beta-blocker)

Dosage and Administration: Initial dose 20mg once daily. In severe hypertension and prophylaxis of angina pectoris initial dose 30mg once daily. Titration to a higher dose according to clinical response. Maximum dose 90mg once daily. Lower dose may be needed in the elderly. Treatment may be continued long term. Tablet should be swallowed whole with water. Each dose should be taken at the same time each day, preferably in the morning.

Contraindications: Hypersensitivity to nifedipine, any of the excipients of Valni XL, other dihydropyridine calcium antagonists; pregnancy and women capable of child-bearing; lactation; clinically significant aortic stenosis; cardiogenic shock or unstable angina; acute attacks of angina; inflammatory bowel disease, Crohn's disease, oesophageal obstruction, history of gastrointestinal obstruction, decreased diameter of gastrointestinal lumen; hepatic impairment; secondary prevention of myocardial infarction or during or within one month of myocardial infarction; patients with Kock pouch.

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Valni XL contains lactose monohydrate and is not recommended in patients with rare hereditary problems of galactose intolerance, the Lap lactase deficiency or glucose-galactose malabsorption.

Interactions: Bioavailability increased with grapefruit juice. Potentiation of antihypertensive effect with cimetidine. Quinidine levels reduced. Increased digoxin levels. Nifedipine bioavailability reduced by phenytoin; reduced plasma levels with rifampicin. Increased nifedipine levels with diltiazem, cisapride, quinupristin, dalfopristin. Additive effect on postural hypotension with beta blockers. Enhances effect of non-depolarising muscle relaxants. Theoretical interactions with drugs known to inhibit cytochrome P450 3A4 system. False positive effect with barium contrast X-ray. May falsely increase spectrophotometric values of vanillymandelic acid.

Undesirable Effects: Headache, palpitations, vasodilatation and exacerbation of angina pectoris (especially at the start of therapy), lethargy, constipation, dizziness, oedema, allergic reaction, anaphylactic reaction, chest pain, cardiovascular disorder, leucopenia, hyperglycaemia, mood changes. Prescribers should consult the Summary of Product Characteristics in relation to other side effects.

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Basic NHS Price: 30mg XL: £9.89 & 60mg XL: £14.71

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Date of Preparation of API: March 2008

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Chemist+Druggist
news education tools

Comment from the Editor

There used to be some horrendous community pharmacies – I should know, I have worked in some of them. And, if we're being honest, we have all known places that we would find any excuse not to work in.

Be it the cramped dispensary, lack of trained staff, unpacked orders, missing prescriptions or the 50 addicts that turn up at 9am, no amount of money justifies the stress of working there.

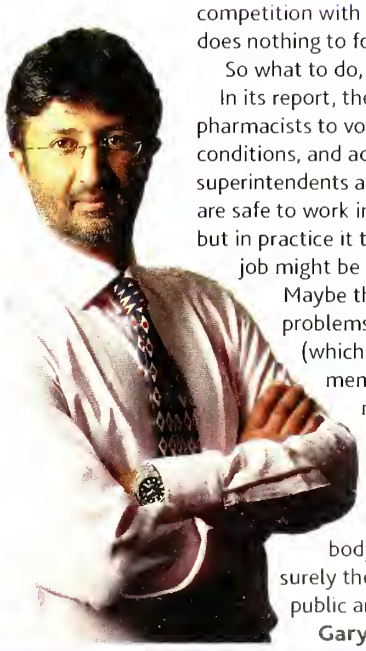
So what's brought this on, you ask? It's the Society's first Fitness to Practise report if you must know (see p5). Covering the year to April 2008, it makes for interesting reading (yes, really).

Over 1,000 allegations were made, the majority by the public, and mostly against community pharmacists. Of those considered by the investigating committee, 43 per cent were about not meeting legal or professional standards and a quarter involved dispensing errors.

Reading on, the Society explains that in their defence of dispensing errors, pharmacists frequently cite insufficient staff numbers, lack of dispensary space and poorly lit premises.

So it seems that despite new national contracts, which have seen the overwhelming majority of community pharmacies raise their game, a few are still falling short.

And while every pharmacy is in competition with each other, a poorly run business does nothing to forward the sector's reputation.



So what to do, then?

In its report, the Society says it is the duty of pharmacists to voice their concerns over poor working conditions, and adds that it is the duty of superintendents and owners to ensure their premises are safe to work in. In theory this makes perfect sense, but in practice it takes courage to complain when your job might be on the line.

Maybe the solution to some of these problems lies in our hands – is it time Lambeth (which accepts the need to become more member-focused) took the lead and set minimum standards for levels of staffing, dispensary size and workload?

It is a debate worth having and while it will require our professional body to become much more hands on, surely the benefits to the profession and the public are worth it?

Gary Paragpuri, Editor

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PSNC chief: we got you the best deal possible

14 per cent funding boost shows government's 'high regard' for profession

Max Gosney

PSNC has delivered the funding package demanded by cash-strapped contractors despite "difficult" negotiations with health ministers, Sue Sharpe has told C+D.

A £280 million boost in 2008-09 funding showed ministers had listened to concerns over financial pressure on pharmacists, the PSNC chief executive said.

The 14 per cent rise in funding also showed PSNC had fulfilled its promise to remedy contractors' financial pain.

In an exclusive interview with C+D, Mrs Sharpe said: "Contractors needed money and needed it early... I think the government has given us a substantial amount."

The money was a "welcome contribution", Mrs Sharpe stated. However, more cash would be needed for pharmacists to realise the clinical services outlined in this April's white paper, she stressed.

She said: "For them [DH] to agree £150m extra funding at a time of real financial difficulties is an indication of how highly ministers regard pharmacy."

PSNC was determined to launch a cost of service inquiry to calculate what the appropriate level of funding was "as soon as possible", she added.

Mrs Sharpe predicted the inquiry would be completed by the end of next year.

In the frame: PSNC will complete cost of service inquiry next, according to Sue Sharpe

In the interim, contractors must match ministers' commitment to deliver pharmacy-led clinical care. She said: "It's absolutely vital – pharmacy really does need to get behind the white paper."

Contract funding double trouble

A boom in 100-hour pharmacy openings delivered a hammer blow to existing contract funding, Sue Sharpe has said.

The PSNC chief highlighted plummeting non-NHS business as another key factor behind the current cash shortfall.

The rise of 100-hour businesses had diluted the global sum among an increasing number of contractors, Mrs Sharpe explained.

PSNC could not have predicted the popularity of the contract exemption when it negotiated the contract in 2005, she said.

Income from non-NHS business had also been far greater three years ago, Mrs Sharpe stated.

She explained that premises costs had been allocated by the DH on the basis of space devoted to NHS and non-NHS trade.

But this business mix had transformed, with pharmacies now drawing 90 per cent of income from NHS business, a trend not reflected in current payments, she added.

Mrs Sharpe concluded: "We've seen a substantial reduction in non-NHS pharmacy business in the past five years." **MG**

Where did it all go wrong?
News analysis p10

Benefits of EPS called into question

Industry bodies have questioned the Department of Health's estimate of the benefits the electronic prescription service (EPS) will bring to pharmacy.

A DH report assessing the impacts of the service said EPS could save pharmacists up to 6.1 million hours over three years. And it said using release 1 barcodes rather than keying in information saved 30 seconds per prescription.

But PSNC and the NPA both expressed concerns about this figure and said they "would like to see evidence" for it.

Lindsay McClure, head of information services at PSNC, said the committee had written to the DH with "concerns about the accuracy of the statistical information used".

A DH spokesperson said figures were estimates based on best available information, but were subject to change with experience.

Ian Taylor, commercial director at system supplier Rx Systems, said he felt the pharmacy organisations were focusing too much on issues such as download times, and not tackling others like difficulties in getting systems accredited.

He said: "They're being very negative about EPS and that concerns me." **ZS**

BUILDING BRIDGES

Pharmacy minister Dawn Primarolo has visited two community pharmacies this year, but the rest of the senior ministerial health team have made no visits since last September.

C+D launched its Building Bridges campaign in February, after Department of Health figures revealed that its six ministers had made just five visits to community pharmacies between them from June to November last year.

The total for the year from June 2007 to June 2008 now stands at seven, after Ms Primarolo visited the Oxford Street Boots branch and the Kathleen James Pharmacy in

Community pharmacists top complaints league

Pharmacists blame excessive workload and substandard premises for errors

Max Gosney

More complaints were made about community pharmacists last year than all other sectors of the profession combined, a report on the Society's disciplinary proceedings in 2007 has revealed.

The group accounted for 66 per cent of allegations considered by the RPSGB. This compared to 1.8 per cent for hospital pharmacists and 17 per cent against non-corporate owners, the Society's first annual Fitness to Practise (FTP) report showed.

Community pharmacists made up 51 per cent of the profession registered in Great Britain last year, according to RPSGB figures.

Society chief executive Jeremy Holmes commented: "You would expect community pharmacists to represent a large proportion. They're the most easily identifiable to the public."

Over half of complaints received by the RPSGB were logged by patients, the figures showed.

Allegations against hospital pharmacists were more likely to be channelled through hospital trusts, Mr Holmes said.

The Society inspectorate carried out more visits to community pharmacies than those in hospitals as fewer premises in secondary care were registered with the RPSGB, he explained.

Dispensing errors were among the top allegations against pharmacists. Those called before the Investigating Committee blamed excessive workload for mistakes. Defendants also cited "insufficient space" and "poor lighting" for errors.

The Society was alert to these issues, Mr Holmes told C+D. The RPSGB was working with a performance advisory body, the National Clinical Assessment Service, to provide support measures including mentoring.

A Society-led professional body would also look to tackle rising stress, he said. Mr Holmes said the FTP report showed the Society had successfully modernised its regulatory system last year, in line with the Pharmacists and Pharmacy Technicians Order.

Retention fee rises to £413 as low earner subsidy gets all clear

Practising pharmacists face a £413 retention fee next year after voting to subsidise low earning pharmacists, the RPSGB has said.

Fees will rise 4.5 per cent, the higher of two proposed fee level increases, following a member consultation. RPSGB treasurer Andrew Gush said Council had taken into account members' views, although C+D has learned that just 207 members responded to the consultation.

The move will ensure practising pharmacists earning under £16,500 a year secure a discounted £275 annual fee.

Pharmacists will be able to pay retention fees quarterly in response to "clear demand" for a staged system, the RPSGB added.

Mr Gush said: "There was a substantial majority in favour of a low income fee and narrow majority in favour of supporting a low income fee by a higher increase in the practising fee."

Mr Gush acknowledged that many pharmacists were not in favour of any rise in fees. However, an increase in line with inflation was key to keeping the Society financially stable, the RPSGB treasurer said.

The latest rise in RPSGB fees follows a 10,000-strong petition against the organisation's decision to raise fees by 40 per cent in 2008.

Contractors contacted by C+D broadly backed the launch of staged fee payments. However, several voiced opposition to subsidising locum pharmacists who qualified for reduced rates by choosing to work part-time. **MG**

her Bristol constituency. Three ministerial visits were part of tours of healthcare centres, including a pharmacy.

In the same period, the ministers visited 34 general practices. The figures were unveiled in response to a parliamentary question by C+D columnist and pharmacist Sandra Gidley MP (Lib Dem).

A DH spokesperson said: "Ministers are invited on a number of visits by many different aspects of the NHS and endeavour to attend as wide a range as possible."

Building Bridges aims to boost the profession's political profile by getting politicians to visit their local pharmacies. Sign up at: www.chemistanddruggist.co.uk/buildingbridges **JR**

Number of pharmacy visits by the DH's ministerial team from June 2007 to June 2008

News in brief

C+D Business Seminar

C+D has launched a one-day business seminar to help pharmacists maximise their businesses' potential. Pharmacy business experts Michael Holden and Deborah Evans will help delegates identify business strengths and opportunities and develop action plans for their pharmacies. See p26 for more details.

Internet business boosts

Two developments could help contractors use the internet to boost their businesses. Locum pharmacist Piers Berry has set up a website, www.locumrelief.co.uk, to bring contractors and locums together. And C+D Awards winner myrepeats.com could receive further backing, as the NPA has confirmed it is "in discussions" with the service. www.chemistanddruggist.co.uk

London polyclinic plans

London contractor representatives must be involved in the development of polyclinics, Essex LPC chair Simon Moul has said. His comments came as Healthcare for London announced PCT plans for the first five developments in the capital. www.chemistanddruggist.co.uk

Profession missed out

Pharmacists did not feature prominently enough in a report on information prescriptions, according to Anne Joshua, associate director of pharmacy at NHS Direct. Ms Joshua was disappointed the report "didn't shout more about pharmacy".

RPSGB flooded

Floods have struck the Royal Pharmaceutical Society's Lambeth HQ. However, a burst water pipe rather than the great British weather was to blame for rising water levels at the building last week.

Walk-in service launched

Scottish health secretary Nicola Sturgeon has launched a pharmacy pilot in Glasgow to give commuters instant help to stop smoking or get sexual health care. The Glasgow Central pharmacy, at the city's Central Station, is one of eight piloting pharmacy walk-in services.

For more breaking news go to www.chemistanddruggist.co.uk/news

Dispensary TALK

Is the 2008-09 funding package the best yet?

"I think it's essential that we have got something because a lot of pharmacies were getting to the stage where they couldn't go on in the current situation. It vindicates the PSNC policy of negotiating quietly rather than publicly fighting with the government because it's very much a step forward and moves us towards being able to implement the white paper properly."
Michael Maguire, Marton Pharmacy, Middlesbrough

"I'm very happy. PSNC has surprised me in what it has been able to negotiate. I think it's very, very good and hopefully it's a step forward in us being able to recoup some of our losses over the last year. I think they've done very well and let's hope it continues."
Hatul Shah, Carter Chemist, Northwood, Middlesex

Next week's question: Are you happy to subsidise low-income pharmacists' retention fees?

Oxygen costs up 80pc

Private firms cost more and are less popular with patients than pharmacy

Kathy Oxtoby

The transfer of the home oxygen service from pharmacies to suppliers has resulted in a minimal change to patient satisfaction while costs have spiralled by almost 80 per cent.

That was the verdict of PSNC, following a government announcement that most patients are satisfied with the home oxygen service they now receive.

The first annual national patient satisfaction survey of the home oxygen service showed 95 per cent of patients were happy with the service, the DH reported.

But PSNC head of information services Lindsay McClure said: "It is only in the survey's small print that it becomes clear there is no significant difference in overall patient satisfaction between patients receiving oxygen before and after the changeover of the service".

Patient satisfaction with the pharmacy-run service was in fact marginally higher, at 96 per cent, before the transfer to suppliers in February 2006.

Brighton-based Laurence Sprey lobbied against the transfer of oxygen supply in 2006

The questionnaire did not deal with the price of the new service, which was "proving substantially more costly for the NHS", Ms McClure added.

PCTs spent approximately £5 million per month providing the service in the 10 months following the transfer, official figures indicate. But the most recent available data shows they spent 79 per cent more than that – £8.8m a month – in the first four months of this year.

A DH spokesperson said: "We can't compare costs from pre-2006 to afterwards – both the service and the method of funding are completely different. Additionally, figures for 2006 are fairly confused as it was a transition year."

Contractor Martin Bennett, Wicker Pharmacy in Sheffield, said: "I would agree that most people are happy with the service – but they were before. The difference is, it's probably costing twice as much."

NI peace talks could break contract stalemate

Northern Ireland's health chief has met with pharmacy leaders in a bid to end the ongoing boycott of minor ailments services by local contractors.

The Pharmaceutical Contractors Committee (PCC) said talks with Michael McGimpsey had proved "very constructive".

However, the boycott remained in place for now.

PCC chief executive Terry Hannawin told C+D: "We had a very useful meeting with the minister, very constructive. But we don't want to get ahead of things."

The move signals the first step towards resolving a two-month pay dispute between the Department of Health in NI and pharmacists.

Over 95 per cent of contractors have pulled out of the minor ailments service in protest at "unreasonable" government funding terms.

Further meetings between Mr McGimpsey and PCC were "in the pipeline", according to Mr Hannawin.

The PCC chief said he hoped the move could reignite contract negotiations with the government.

Discussions ended last February after nearly two years of deadlock.

Contractors said patients continued to support the minor ailments services boycott, but urged a swift resolution to the dispute.

How C+D reported the contract row back in August

Paul McDonagh, of McDonaghs Pharmacy, Belfast, said: "Some patients can't afford cough medicines; we're having to send them to the GP. It's an inconvenience to them and is clogging up the surgeries." **MG**

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Counting the cost of PCT power

PCTs monitoring performance of individual pharmacists and technicians could cost sector more than £7m

Jennifer Richardson

Proposals to allow PCTs to monitor individual pharmacists' and technicians' performance could cost the profession more than £7 million over the next decade, the government estimates.

But introducing PCT 'supplementary lists' of individual pharmacists and technicians who provide NHS services, as proposed in a consultation on the pharmacy white paper, would deliver a "minimum" £16.6m in patient health benefits over that period, it has said.

The Department of Health's calculations of the costs and benefits of the lists are revealed in impact assessments on white paper proposals, published last month.

To be included in the lists, pharmacists and technicians will be required to register with the Independent Safeguarding Authority, at costs of £139 and £109 respectively. The total cost to pharmacists and their employers over 10 years – based on 22,000 pharmacists and 21,000 technicians registering in the first year, followed by 1,000 each a year – is estimated at £6,989,000.

The DH said pharmacies would gain "some private benefit" from the checks, although this was not likely to be financial. The impact assessment said: "By reducing incidences of abuse by those who work with children and vulnerable adults, the new vetting and barring scheme will help to ensure a safe and productive working environment and maintain a good business reputation."

Additional checks on pharmacists' professional history would cost the RPSGB £56,000 over the decade.

A "minimum estimate" of £16.6m in patient benefits is based on the assumption the lists would reduce the rate of clinically significant dispensing errors by 0.05 per cent, with the health impact of a dispensing error costed at £5.

Should PCTs have greater powers?
jrichardson@cmpmedica.com

Push for quality could cut six contracts a month

Around 75 contractors a year could be blacklisted from the NHS for failing to meet minimum performance standards, the Department of Health has warned.

The estimate comes as part of impact assessments into government plans to raise the quality of NHS care in line with the Darzi review.

The DH said it wanted to give PCTs more powers to de-list pharmacies providing substandard services.

Underperforming contractors hit by disciplinary action could expect a legal bill of around £2,000 to defend their case, the DH predicted.

PCTs would incur identical costs from launching proceedings, the DH added.

RPSGB chief executive Jeremy Holmes said the new professional body would look to help pharmacists promote services to PCTs. Commissioners should recognise that pharmacists had the knowledge to deliver high quality care, he said. **MG**

COE predictions under fire

The Department of Health has faced criticism over a "bizarre" suggestion 100-hour pharmacies could pass the cost of extra red tape needed to secure a contract on to patients.

The DH comments came in an impact assessment on the pharmacy white paper consultations. Proposals would make new 100-hour pharmacies negotiate contracts directly with PCTs, and strengthen the service requirements within those contracts. But these negotiations would incur costs to both businesses and PCTs. The report suggested: "Business costs may be passed on to consumers by... higher prices."

John Evans, superintendent pharmacist at Asda, said: "We're trying to make healthcare more accessible and cheaper for patients. Why would you want to make it more expensive?"

John D'Arcy: questioning business logic of proposal

And John D'Arcy, interim managing director of Numark, said he couldn't understand the business logic, as most of pharmacy's profits came from the NHS through prescriptions.

A DH spokesperson said the Department welcomed views on the impact assessments and the consultation. **ZS**

Businesses face loss of millions in OTC sales

Pharmacies stand to lose millions of pounds under government proposals to allow dispensing doctors to sell OTC medicines.

The Department of Health expects between £7 million and £24m worth of sales to transfer from pharmacies and other OTC suppliers, under plans to allow the sales in dispensing practices where there is no pharmacy within 500 metres.

The figures are revealed in impact assessments on the pharmacy white paper consultation in which the proposals were unveiled last month.

Costs could be passed onto consumers through higher prices, the DH predicted, as contractors near to affected dispensing practices could expect to see their market share decrease by up to 10 per cent of total turnover.

However, the DH expects the proposals to generate between £300,000 and £1.3m in annual patient benefits through "increased ease of access to OTC and P medicines for people in more rural areas". **JR**

Learning events

The Department of Health will host six listening events during October for stakeholders to air their views on the pharmacy white paper consultation published last month. The October 12 event, to be held in London, is aimed at pharmacists.

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As PSNC admits that the 2005 contract funding is inadequate to support pharmacy contractors, **Zoe Smeaton** asks how the situation has been allowed to get so bad, and what the future holds

What went wrong?

Profit reductions, staff cuts and contractors relying on their savings to stay afloat have been all too common features for the community pharmacy sector this year. The industry has been vocal in making its concerns known, and last week in a letter to contractors, PSNC chief executive Sue Sharpe admitted what many already knew all too well. Mrs Sharpe says it has become clear that contract funding is "inadequate" to support contractors, and makes investment to deliver clinically-based services impossible.

So what went wrong, and what needs to happen now?

John D'Arcy, interim managing director at Numark, says this is a question he has been struggling to answer. But one factor he believes has been a "major issue" is the increase in the number of pharmacies after control of entry exemptions were introduced. With no compensatory increase in total funding from the Department of Health, he says pharmacy money has been diluted.

Mr D'Arcy explains: "The DH wanted to open the pharmacies up to increase access, but they have improved access without paying for it... pharmacy is paying for it."

And Fin McCaul, chairman of the Independent Pharmacy Federation, agrees that this is "the biggest reason we're in a mess".

Another issue has been the lack of progress from PCTs in commissioning pharmacy services, which could have boosted incomes. Graham Phillips, owner of the Manor Pharmacy Group, and an ex-RPSGB Council member, says the contract had "claimed to be clinical" yet was still based mostly on volume and buying power.

This lack of additional investment from the DH and PCTs has certainly not helped matters, but for some the nature of the contract itself has also raised questions.

Mr McCaul says: "The contract funding arrangement is too cumbersome and difficult for anyone to predict how much they are going to be paid." And Mr Phillips believes that the "way" in which the contract was negotiated played a role. Compared with GPs, who assessed their proposed contract and demanded more money, he says there was a "complete lack of transparency" with the pharmacy contract negotiations. This meant pharmacists were "not given any meaningful information on which to calculate their future", he says.

Although the contract negotiator has come under fire for some of these problems, other factors fall well beyond PSNC's control.

For example, pharmacists point to increases in general costs, such as the introduction of fuel surcharges and rises in rent, as being the cause of problems. Mr D'Arcy explains: "Costs will be higher, and when you look at everything across the board, there's a little bit here and a little bit there but it adds up to quite significant cost increases."

But while it may not make for comfortable reading, should contractors themselves be taking some responsibility for the failure of the funding too?

Underperformance on MURs could certainly be one reason some pharmacies are failing to get the income they need. Although, as David Taylor, professor of pharmaceutical and public health policy at the University of London's School of Pharmacy, says this may not be the fault of pharmacists but rather due to "the dynamics of [trying to] meet inflating dispensing volumes and provide clinical services".

Professor Taylor also suggests that GP-pharmacist relationships have not been sufficiently built upon, and consequently services such as repeat dispensing have not been performed to their maximum capacity.

Whatever your view on who is to blame, it is clear that a

Running on empty: lack of commissioning and boom in 100 hours has led to drought in funding

Contract statistics

In 2005-06 total pharmacy funding in England worked out at an estimated £181,400 per pharmacy. By last year this had risen by 5 per cent to £191,000, and for 2008-09 it will be £216,500, a 13 per cent increase on last year.

This may seem a lot, but take inflation into account and compare it with just some of the new and increased charges contractors have faced in recent years, and things become clearer. For example, in the last year many contractors have been hit with fuel surcharges from wholesalers, on top of soaring petrol costs making deliveries more expensive. Fin McCaul, chair of the Independent Pharmacy Federation, says for some pharmacies rents have risen by as much as 10 per cent in recent years. And electricity bills for many firms have risen by around 15 per cent just this year. (Money per pharmacy calculated using total allowed funding, and pharmacy numbers).

Sue Sharpe responds

Is the contract too complex?
"I agree entirely, and simplification of funding so people can plan their businesses is a common aim."

Why was there no additional funding to compensate for 100 hour openings?
"We have pushed very hard for additional funding for 100 hour pharmacies. But this was a deliberate policy by the government to increase competition... and we weren't able to persuade them to give us funding."

How does the future look?
Mrs Sharpe says the cost of service review should provide the basic evidence needed to move forwards and fight for a fair contract.

Are you confident about achieving that?
"We have to do our very best."

number of factors have combined to play a role in the downfall of pharmacy contract funding. PSNC head of NHS services Alastair Buxton told C+D: "It would appear that some of the costs were understated," and Sue Sharpe has responded in full to many of the points raised by C+D (see box, left).

Perhaps the time has now come to look to the future. Although PSNC had some success in securing additional funding last week, many will still be relying on the promised cost of service inquiry to offer a further glimmer of hope. But it must not come too late. Mr McCaul warns that he believes the DH will continue to "squeeze and squeeze" funding. And he says the challenge with the review will be to "get it done within a reasonable time frame".

For others, even this may not go far enough, as they believe the contract needs to be completely reinvented. Mr Phillips says: "I think it always was inadequate. I think the whole system is bust at a national and a local level and tinkering with it is ridiculous."

Whatever happens, though, it is clear more money is going to be needed to give pharmacists the confidence to invest in services to deliver the white paper the government wants. As Mr D'Arcy says, Mrs Sharpe's admission that contract funding has become inadequate, "suggests there just isn't enough money in there".

The message from the sector is clear, but for now contractors can only hope that when the cost inquiry is carried out, someone is finally listening.

News in brief

Ibuprofen first for fever

Ibuprofen alone should be the first choice of treatment to supplement physical measures to reduce fever in children. In a study published in the BMJ, ibuprofen and ibuprofen and paracetamol combined were more effective than paracetamol alone.
www.bmj.com

Med diet protects

The Mediterranean diet protects against major chronic diseases including Parkinson's and Alzheimer's disease, in addition to cancer and heart disease, an Italian study has reported. The authors say a 'score' based on adherence to the diet could be used as a tool for reducing the risk of premature death in the general population.
www.bmj.com

Once-daily antipsychotic

AstraZeneca has launched a once-daily dose formulation of an atypical antipsychotic treatment in the UK. Seroquel XL (quetiapine prolonged release) is used in the treatment of schizophrenia and manic episodes associated with bipolar disorder.

Pharmacopoeia website

The MHRA has launched a new British Pharmacopoeia (BP) website. The site offers subscribers access to new and revised monographs, those omitted from previous editions of the BP, and corrections for the latest edition.
www.pharmacopoeia.gov.uk

No cognitive aspirin link

Low dose aspirin does not affect cognitive function in middle-aged to elderly people at increased cardiovascular risk, according to a five-year Scottish study involving 3,350 adults aged over 50. Participants given aspirin showed no difference in a range of cognitive tasks to those given placebo.
www.bmj.com

NPA tackles GP concerns over POM to P switches

Association moves to allay fears of antibiotic drug resistance from over-supply

Kathy Oxtoby

The NPA is working with GP representatives to help doctors better understand how newly-switched OTC medicines are handled by the pharmacy profession.

The news follows GP criticism of proposed POM to P switches of antibiotic treatments trimethoprim and nitrofurantoin.

"So far from the GP world we've seen concern that making trimethoprim available over the counter will increase the number of supplies," said NPA chief pharmacist Colette McCreedy.

Colette McCreedy: addressing GP concerns

But switches were accompanied by supply protocols based on GP prescribing principles, she said. "We would like to help GPs understand better how a newly switched medicine is handled in pharmacy... With that understanding GPs would have less concerns about newly-switched medicines."

Dr Brian Dunn, a negotiator for the General Practitioners' Committee (GPC), said a balance needed to be struck between medicines availability and the possibility of encouraging drug resistance.

He said: "GPs would have some concerns about selling antibiotics over the counter but as long as it's regulated properly hopefully this will minimise the dangers."

Vaccine may offer resistance to older babies against multiple strains of meningitis B

An experimental meningitis B vaccine may protect older babies against multiple strains of meningococcal B bacteria.

While some vaccines currently protect against specific strains of meningitis B, there are currently none offering broad coverage.

A trial of the Novartis meningitis B vaccine included 60 infants aged six to eight months. More than 95 per cent generated a protective immune response to three strains of meningitis B, one month after receiving two doses of the vaccine. An earlier study had similar findings in infants aged under six months.

In 2006-07, meningitis B accounted for 87 per cent of all cases of meningococcal disease in the UK.

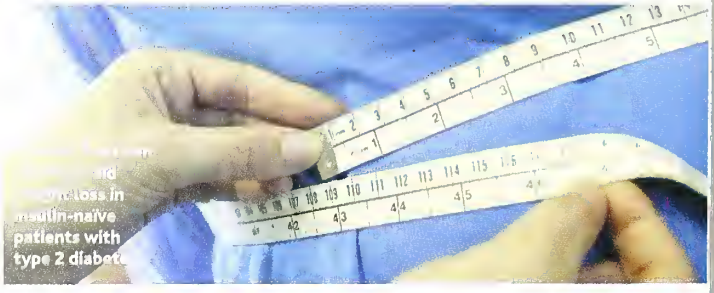
It causes an estimated 120 deaths a year, mainly children, while one in five survivors suffer long-term consequences including limb amputations. **AS**

Insulin injection suitable for once-daily dose

The insulin detemir (rDNA origin) injection Levemir has demonstrated a 24-hour duration of action in both type 1 and type 2 diabetes, according to data reported at last week's European Association of the Study of Diabetes annual meeting in Rome.

A separate study found that insulin-naïve patients with type 2 diabetes and a BMI of over 35 experienced an average weight loss of up to 3.46kg after 52 weeks of Levemir treatment.

Levemir is a long-acting modern insulin analogue, indicated for subcutaneous use in adults and children with type 1 diabetes and adults with type 2 diabetes mellitus. **AS**



Letters

C+D's Building Bridges – it works!

Can I urge fellow contractors to support C+D's Building Bridges campaign?

If ever we have needed to get politicians onboard with the pharmacy agenda surely now is the time – and we have some compelling stories to tell.

We need politicians to know that we are strongly committed to the so-far unfulfilled promises of the white paper; they should be made aware of the stark contrast between how pharmacy is being treated in Scotland compared with England and they surely should be told of the lamentable state of PCTs. (If mine are anything to go by, the prospect of "our future in their hands" is depressing indeed).

The medical profession's undoubted political skills have just been ably demonstrated by the way dispensing doctors, under threat of reduced income, have trounced us. Dawn Primarolo, pharmacy minister, has missed attending the BPC for the second year running and the national pharmacy contract has simply stopped working.

It is import we impress upon parliamentarians that we are positive about the future and all that the white paper contains, but we should demand that ministers' political rhetoric is translated into action and that they 'put their money where their mouth is'.

We have a golden opportunity during the long run-up to the next general election to tell politicians how much more we could do for patients and the public with the right support, and impress upon them that the millions of daily visits to UK pharmacies translate into votes come election time.

If each LPC were to identify the MPs in its area and arrange visits to some high-quality pharmacies just think how much higher up the agenda we could be.

C+D's Building Bridges campaign works. I recently tested it by inviting the local MP to reopen a recently acquired, newly refurbished branch. He responded positively within minutes of my email. Why not try it for yourself?

Graham Phillips, Manor Pharmacy Group, Hertfordshire

•To take part in C+D's Building Bridges campaign, email C+D's news editor Max Gosney (mgosney@cmpmedica.com) for details

Light at the end of the tunnel

Your columnist Locum at Large (C+D, August 23, p15) may be pleased to know that, prior to its loss of regulatory function, the Pharmaceutical Society of New Zealand went through a pharmacist 'whacking' stage.

The new independent body has since proved to be reasonable. Just before its demise, our NZ body also increased fees and behaved generally tyrannically.

Things will improve, there is light at the end of the tunnel.

Neville Cameron, Alliance Pharmacy, Torquay, Devon

Email us with your letters to: **haveyoursay@cmpmedica.com** or write to the Editor at: **C+D, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE**
Letters may be edited for content and length

Xrayser

haveyoursay@cmpmedica.com

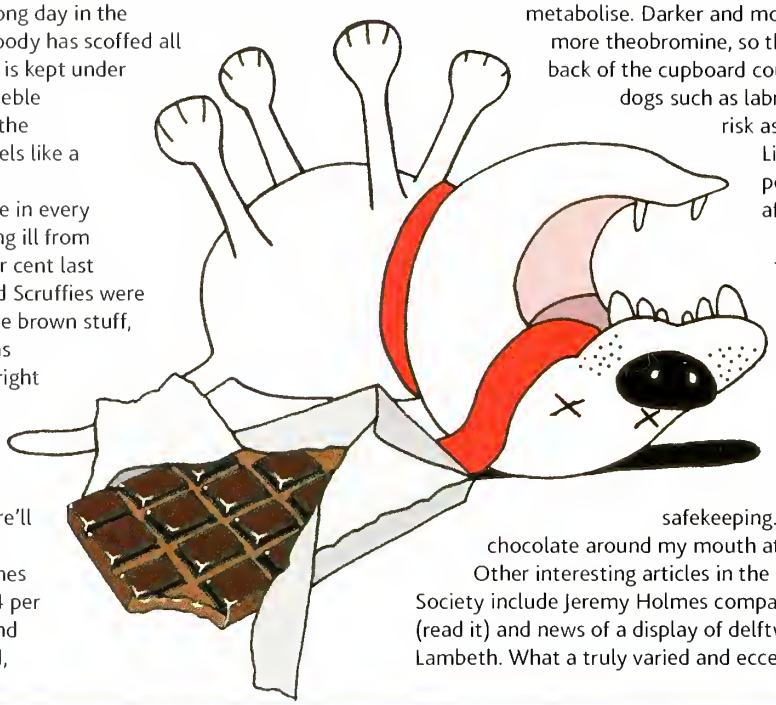
It's a dog's life

Which should you store more carefully – medicines or chocolate? If you're an animal lover, you should take a little more care with your choccies, according to the Veterinary Pharmacists' Group.

Personally, I can't imagine anyone being so careless or stupid as to let the dog eat all their chocolate. There's nothing worse than sitting down in front of the telly after a long day in the dispensary only to find that somebody has scoffed all the Toblerone. My stash of Galaxy is kept under lock and key at home, while our feeble collection of OTC medicines is on the bathroom shelf for anyone who feels like a spot of self-care.

But this is obviously not the case in every home, as the number of dogs falling ill from chocolate poisoning rose by 50 per cent last year. Over 1,100 greedy Rovers and Scruffies were poorly after eating too much of the brown stuff, according to the Veterinary Poisons Information Service. Serves them right in my opinion. I don't mind if Shep wants to try and get the CRC off the paracetamol, but if his slobbering jowls get anywhere near my chocolates there'll be hell to pay.

Analgesic overdose among canines is also on the increase, by 20 to 24 per cent for paracetamol, ibuprofen and aspirin. But they're not that stupid,



preferring chocolate whenever they get a chance. The strange thing is that the number of pets poisoned by eating grapes, raisins and sultanas has also increased. Perhaps they're having trouble finding any Fruit and Nut.

The science behind all this is that chocolate contains theobromine, a naturally occurring stimulant found in cocoa beans that dogs are unable to metabolise. Darker and more expensive chocolate contains more theobromine, so those Thorntons dark truffles at the back of the cupboard could be truly lethal. Scavenging-type dogs such as labradors and Jack Russells are most at risk as they can't tell a bone from a bar of Lindt. Toxins in grapes are so powerful that small dogs have died after eating just four.

So if somebody brings a sick dog to the pharmacy with chocolate or grape juice around its mouth, give the Veterinary Poisons Information Service a call. If someone brings a sick child in with chocolate around its mouth, sell them some Milk of Magnesia and suggest they bring all their chocolate into the pharmacy for safekeeping. And if anyone sees me with chocolate around my mouth at least you'll know that Shep is safe.

Other interesting articles in the latest eclectic edition of Your Society include Jeremy Holmes comparing Transcom to a tuna sandwich (read it) and news of a display of delftware drug jars in the lobby at Lambeth. What a truly varied and eccentric profession we are.

The D'Arcy angle

John D'Arcy

Give us adequate funding so we can do our jobs properly

The announcement of an increase in funding of £280 million for contractors in England would appear to be good news. It certainly represents a reversal of fortunes when considered against the £400m category M clawback announced last October. The professional payment has trebled and there is a significant uplift in the regulatory burden payment.

Of particular note is the transitional payment of £150m to help contractors with their current financial problems. Hats off to PSNC for an outstanding job in demonstrating to the Department of Health the current plight of contractors who are struggling to balance the books.

Behind all this good news, however, lie some fundamental issues with the contract framework. The contract was introduced as a framework for the delivery of a more clinically focused service. To have the confidence to invest in the development of new and innovative services, contractors require some measure of financial stability. This is lacking in the current arrangements.

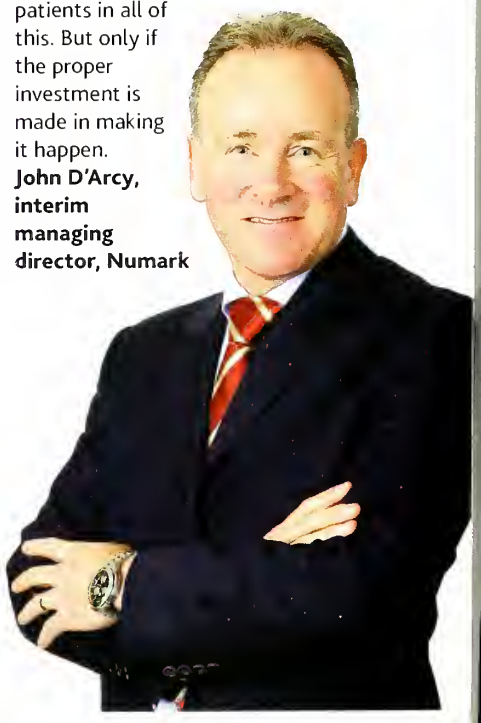
The inner detail of a £2.2 billion contract will inevitably be complex. However, even Pythagoras would struggle to understand the ins and outs of the financial model. And the constant yo-yoing of money coming out and then going back in is not only difficult to understand, but makes proper planning impossible.

By definition, a global funding arrangement works on a system of averages; there will be winners and losers. The latest funding arrangements will result in a contractor dispensing 6,000 prescriptions a month being £3,000 a month better off. This is good news – but only to those whose business parameters correspond to the average. In reality, most will be above or below the norm and so the benefits or otherwise of any increase are hard to predict.

This is exacerbated by the fact that the global sum is not locked in to the number of contracts. Since the introduction of the contract in 2005, the number of contracts has increased by around 5 per cent – mainly as a result of 100-hour contracts. The spread of a global pot over this larger number of contractors will inevitably dilute the funding per contractor.

The welcome transitional payment is dependent upon a cost inquiry. The cost inquiry is not simply to identify the gap between actual and needed cost, but also to identify the costs of the roles within the white paper. The cost inquiry needs to be undertaken as soon as possible.

Community pharmacy is committed to enhancing its contribution to primary care. Government has signalled in its white paper that it wants to make better use of pharmacy. There is the potential for a big win for pharmacy, government and patients in all of this. But only if the proper investment is made in making it happen.



John D'Arcy, interim managing director, Numark

LETHAL OBSESSION

Weight loss is a vital part of cardiovascular risk management and weight loss with Xenical can have a significant impact upon key risk factors.[1-5] When you help change their weight, you help change their future.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Roche Products Limited. Please contact Roche Drug Safety Centre on: 01707 367554

Roche **PRESCRIBING INFORMATION. XENICAL (orlistat). Indications:** XENICAL is indicated in conjunction with a mildly hypocaloric diet for the treatment of obese patients with a BMI ≥30 kg/m², or BMI ≥28 kg/m² with associated risk factors. Treatment should be discontinued after 12 weeks if patients have been unable to lose ≥5% of their body weight. **Dosage and administration:** One capsule immediately before, during or up to one hour after meals (only 30% of calorie intake from fat). **Contra-indications:** Chronic malabsorption syndrome, cholestasis, breast-feeding, known hypersensitivity to any component of the product. **Precautions:** Monitor anti-diabetic drug treatment. Co-administration of orlistat with ciclosporin is not recommended. Treatment may potentially impair the absorption of fat-soluble vitamins (A, D, E, and K), patients should be advised to have a diet rich in fruit and vegetables. The possibility of experiencing gastrointestinal events may increase when orlistat is taken with a diet high in fat. Caution should be exercised when prescribing to pregnant women. Studies have shown no interaction between orlistat and oral contraceptives, however an additional contraceptive method is recommended to prevent possible failure of oral contraception that could occur in case of severe diarrhoea. Rare cases of rectal bleeding, generally of mild intensity have been reported and prescribers should investigate further if symptoms are severe or persistent. **Drug Interactions:** A decrease in ciclosporin levels has been observed in an interaction study. Co-administration with acarbose should be avoided. INR values should be monitored if patient is on warfarin or other anticoagulants. Reinforcement of clinical and ECG monitoring is warranted if patient is on amiodarone. **Side-effects:** Please consult the Summary of Product Characteristics for full details of adverse events. **Common:** Influenza, anxiety, headache, respiratory infection, urinary tract infection, menstrual irregularity, fatigue and gastrointestinal such as oily spotting, abdominal pain, increased defecation and flatulence. Treatment adverse events in type 2 diabetics included hypoglycaemia and abdominal distension. The incidence of adverse events decreased with prolonged use of orlistat. **Serious:** Very rare cases of increases in liver transaminases and alkaline phosphatase and also cases of hepatitis. Very rare cases of bullous eruptions, diverticulitis and cholelithiasis. Rare hypersensitivity reactions of angioedema, bronchospasm and anaphylaxis. **Legal Category:** POM. **Presentation and Basic NHS Cost:** Xenical 120mg (84 capsules) £33.58. **Marketing Authorisation Number:** EU/1/98/071/003 (84 capsule blister pack). **Marketing Authorisation Holder:** Roche Registration Limited, 6 Falcon Way, Shire Park, Welwyn Garden City, AL7 1TW, UK. Further information is available on request. Xenical is a registered trade mark. **Date of preparation:** June 2007.

J9792055T August 2008.

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C+D Clinical

Pituitary hormone imbalances

The management of growth hormone deficiency, acromegaly and diabetes insipidus

Key points

- Growth hormone is needed in adult life for various metabolic processes.
- A deficiency is often caused by pituitary tumours or their treatment.
- Acromegaly is most commonly caused by pituitary adenoma, a benign tumour that secretes GH.
- Diabetes insipidus results from a lack of the antidiuretic hormone vasopressin or resistance of the kidneys to normal levels.

Reflect

What are the symptoms of growth hormone deficiency? How is acromegaly treated? What is the difference between hypothalamic and nephrogenic diabetes insipidus?

Plan

This article covers the symptoms, diagnosis and treatment of three pituitary conditions – growth hormone (GH) deficiency, acromegaly and diabetes insipidus.

CPD This article can help in the following CPD competencies: **G1a, G1d, C1a, C1c, C3e.** See http://tinyurl.com/68ox7b

Alison Milne

A previous article covered the effects of hormones secreted by the pituitary gland and the management of hypopituitarism and non-functioning pituitary tumours (C+D, July 26, p16). This article considers three more pituitary disorders.

Adult GH deficiency

Growth hormone (GH), produced by the anterior pituitary gland, has a role in the regulation of protein, lipid and carbohydrate metabolism as well as increasing growth in children. It has an effect on virtually all of the organs in the body.

Its secretion is intermittent, occurs predominantly during deep sleep, reaches maximum levels during adolescence, and then declines with age by about 14 per cent every decade.

We continue to make GH even when we have reached final adult height and have stopped growing. These smaller levels help bone to mature and adapt to the demands placed on the skeleton as it develops and changes throughout adulthood.

Adult GH deficiency may be of adult or childhood onset, and may occur as isolated GH deficiency or as part of multiple

Excessive tiredness is just one of the symptoms of adult GH deficiency

The College of Pharmacy Practice

This course (module 1450), in association with multiple choice questions being published in C+D October 4, provides one hour's continuing education

Bacterial Vaginosis

- What is Bacterial Vaginosis?
- Why is it frequently misdiagnosed?
- Options for treatment and advice on management

Key points

- Bacterial Vaginosis (BV) is the most common vaginal condition suffered by women – it's twice as common as thrush.
- BV is characterised by changes in vaginal pH and disruption to the normal bacterial balance in the vagina. The causes are not wholly understood.
- Only around half of women with BV will be symptomatic.
- In symptomatic women BV is characterised by embarrassing odour, abnormal discharge and discomfort in the vagina. You can have one or more of these symptoms.
- Balance Activ Vaginal Gel is a new product for the rapid relief of abnormal vaginal odour, discomfort and discharge. It is a dual-action vaginal gel containing lactic acid to restore the normal pH of the vagina, and glycogen, which provides nutrients to the lactobacilli.
- Balance Activ Vaginal Gel can be used during menstruation, pregnancy, breast-feeding and when using antibiotics. However, any pregnant woman who thinks she has a vaginal infection should see a doctor.

balance® activ

Bacterial Vaginosis

Bacterial Vaginosis – commonly unrecognised

Although many people have not heard of Bacterial Vaginosis (BV), it is about twice as common as thrush.[1]

Bacterial Vaginosis (BV) is one of the most common vaginal infections. BV is not caused by one particular microorganism but occurs when there is a marked disruption to the balance of normal vaginal bacteria. It is not a sexually transmitted infection.

BV is characterised by a rise in pH of the vagina (up to pH 7.0) and linked to an overgrowth of anaerobic bacteria such as Gardnerella vaginalis, Mycoplasma hominis, and Bacteroides and Mobiluncus species. These bacteria can be present at 100 to 1,000 times the normal levels found in a healthy vagina.

By contrast, the beneficial lactobacilli are present in low numbers or completely absent from the vagina of women with BV. The order of these events is not fully understood, and may vary, but some experts believe that the rise in pH (for example, due to menstruation or sexual intercourse) is often the initial event.

Experts estimate that at least one in three women will develop BV at some point in their life.[2,3,4] Worryingly, one study shows around 61% of women with BV are misdiagnosed.[5]

Contributory factors include prolonged menstruation, frequent douching, the use of intimate hygiene products and sexual intercourse. Courses of antibiotics and the use of an intrauterine device (IUD, commonly known as the coil) can also affect the bacterial balance in the vagina.

BV is not classified as a disease but is linked with serious medical conditions. Studies show links with increased risk of contracting sexually transmitted infections and PID, and in pregnant women BV is associated with pre-term birth, low birth weight and premature rupture of the membrane.

Guidelines for the management of BV from the British Association for Sexual Health and HIV[6] suggest sufferers should be advised to avoid vaginal douching, use of shower gel, and use of antiseptic agents or shampoo in the bath.

The guidelines recommend treatment for symptomatic women (many women – up to 50% – are asymptomatic), with oral metronidazole 400-500mg twice daily for 5-7 days or metronidazole 2g single dose the standard regimens. Alternative treatments include intravaginal metronidazole or clindamycin.

These treatments have been shown to achieve initial cure rates of 70-80% in controlled trials, but as the guidelines' author Dr Philip Hay acknowledges, it is not uncommon to see symptoms return. In fact, evidence shows that BV recurs in up to 72% of cases within seven months.[7]

Vaginal infections

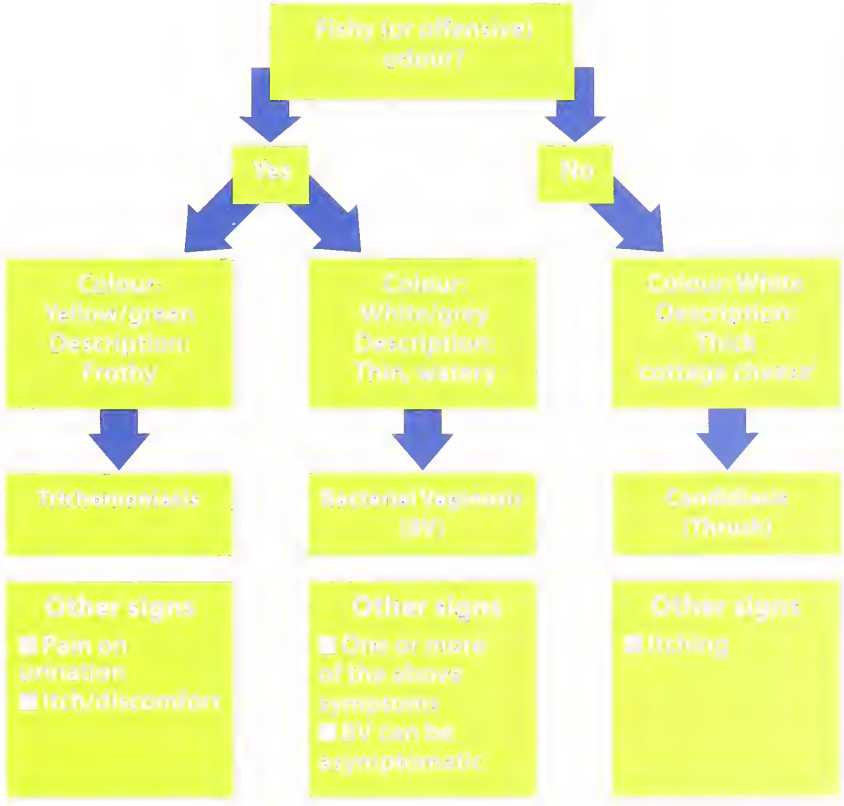
Symptoms can include:

- A change in discharge, in terms of smell, colour and/or texture
- An itching or a burning sensation in the vagina
- Discomfort when urinating, or during intercourse

The most common causes are Bacterial Vaginosis (BV), a fungal infection such as thrush, trichomonas or gonorrhoea.

Quick reference guide to vaginal discharge

Adapted from the Health Protection Agency website



How can your pharmacy help?

BV is rare prior to a woman's first menstruation, but otherwise any woman can experience it. Research suggests most women feel they know little about their condition, even if they have suffered from it before.[1]

This means all women from puberty onwards are potentially in need of advice and education. However, there are specific groups who may be particularly interested in a correct diagnosis, cure and prevention:

- Teenagers and young adults who are suffering for the first time
- Women who have suffered previously, particularly if the condition is recurrent (eg around menses)
- Pregnant women who are at risk of adverse consequences if they develop BV (although the likelihood of an adverse outcome is low, the potential impact is high)
- Afro-Caribbean women who are at higher risk of developing BV. This may be due to physiological differences, or different traditional practices (specifically vaginal douching), or a combination of both.

Since this is a sensitive and personal topic, information needs to be presented with empathy and discretion. Creating a 'safe environment' for your customer will make her feel comfortable, and means she can make an informed choice rather than feeling she has to 'grab and dash' a treatment.

Dr Philip Hay, author of the National Guideline for the Management of BV, offers his viewpoint:

Dr Philip Hay is a consultant in genito-urinary medicine at St George's Healthcare Trust and his guidelines are being used in GUM clinics across the UK to diagnose, treat and manage BV.

"We regularly see new cases of BV in clinic. Many women visiting for the first time with concerns about their symptoms are generally unaware of the condition… Antibiotics are the most common treatment used for BV, but it's not uncommon to see women again at a later date as their symptoms have returned.

"Balance Activ Vaginal Gel appealed to me as there is published clinical evidence that shows that the product is as effective as antibiotics. I started using the product in my clinic in Spring 2007 and it has made a huge difference, as an alternative to antibiotics for women with recurrent BV.

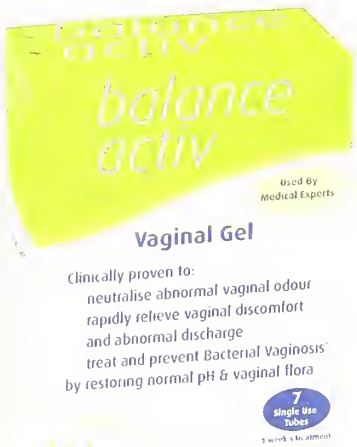
"I have used Balance Activ Vaginal Gel both to treat and prevent BV. To treat BV I recommend one pack is used (apply at bedtime for 7 days). For recurrent BV I recommend patients use three tubes around the time they expect recurrence to occur – this is usually with their period.

"Another great thing about lactic acid gel is that, unlike antibiotics, it mimics the body's natural defence mechanism so it's safe for women to use as often as they like, as it doesn't cause any side effects."

What is Balance Activ?

Clinically proven to:*

- Neutralise the embarrassing odour
- Effectively relieve the abnormal discharge and discomfort
- Alleviate the symptoms of Bacterial Vaginosis (BV)



Balance Activ Vaginal Gel contains lactic acid, which neutralises the embarrassing odour and restores the normal pH of the vagina. It also contains glycogen, which provides nutrients to lactic acid bacteria.

Rapid relief

For the effective relief of embarrassing odour, abnormal discharge, discomfort and BV	Use one tube daily for 7 days

Maintenance and Prevention

To maintain the natural pH balance and prevent recurrence of symptoms	Use one to two tubes a week
To help maintain the pH level during a course of antibiotics	Use one tube daily at the end of the course for 4-5 days
If your customer reports a recurrence of symptoms around the time of her period	Use one tube daily at the end of her period for 1-2 days

To raise awareness of BV and Balance Activ Vaginal Gel, Inverness Medical has invested in a £1 million consumer marketing campaign, including TV advertising, press and PR – fronted by Dr Dawn Harper from TV's Embarrassing Illnesses.

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* Based on clinical studies comparing Balance Activ with antibiotic treatment

Balance Activ Vaginal Gel:

- **7 x 5ml non-messy easy to use tubes**
- **RRP: £9.99 for 7 single use tubes for one week's treatment**
- **Balance Activ Vaginal Gel is a Class 3 medical device**

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For further information and consumer leaflets, please contact Inverness Medical, Tel: 0161 419 6307
Email: support@invmeduk.com
For more information visit: www.balanceactiv.com

pituitary hormone deficiency. Adult-onset GH deficiency is commonly due to pituitary tumours or their treatment. Childhood-onset GH deficiency is often idiopathic and may continue into adulthood. Iatrogenic GH deficiency may occur in survivors of childhood malignancy – either adults or children – as a result of previous cranial irradiation and/or chemotherapy.

The Society for Endocrinology estimates that the prevalence of adult-onset GH deficiency is about one in 10,000 of UK adults, which could rise to three in 10,000 when adults with childhood-onset GH deficiency are also taken into account.

Signs and symptoms

- excessive tiredness/fatigue
- anxiety
- depression
- concentration and memory loss
- reduced muscle mass and impaired exercise capacity
- sleep problems
- weight gain, especially increased waist: hip ratio
- low self esteem

Diagnosis

The secretion of GH is pulsatile so a random blood test for GH is invalid. Instead, GH stimulation tests are used to assess the maximum blood levels of GH in response to a pharmacological stimulus.

Unlike other pituitary hormones GH does not have a target gland on which to operate, and its actions are exerted in a de-localised way over different peripheral tissues.

GH exerts its action either directly, by binding to a receptor on the surface of all body cells to generate insulin-like growth factor-1 (IGF-1), or through the generation of IGF-1 by the liver. Both GH and IGF-1 inhibit the further secretion of GH by a feedback mechanism at hypothalamic and pituitary level.

IGF-1 is believed to be responsible for many of the anabolic effects of GH and, because of its longer half-life, is easier to detect than GH.

Tests used

Insulin tolerance test A measured dose of insulin is administered intravenously under close supervision. The patient has a controlled hypoglycaemic response, which in turn stimulates GH production. Taking serum blood samples throughout the test enables an assessment of the individual's GH status.

Oral glucose tolerance test This has the opposite effect and glucose administration inhibits GH secretion in the normal individual.

IGF-1 serum concentrations are measured and assessed within an age matched reference range. However, in up to 50 per cent of patients the levels can remain within normal limits despite severe GH deficiency, so a 'normal' result does not exclude the diagnosis.

Treatment

Therapeutic goals are to:

- build body mass
- lower fat levels
- build stronger, healthier bones
- improve cardiac function, increase energy levels and raise self esteem.

Injections of synthetic human growth hormone can, over time, help to achieve most if not all the above goals and give patients a better quality of life.

Nice has recommended that recombinant human GH should be used only in adults who have severe GH deficiency that seriously affects their quality of life. The person should:

- have a peak GH response of less than 9mU/litre in the insulin tolerance test for GH deficiency (normal GH levels are above 10mU/L) or a similar low result in another reliable test, and
- have an impaired quality of life (judged using a questionnaire called the 'Quality of life assessment of GH deficiency in adults'; a person should score at least 11 in this questionnaire), and
- already be receiving replacement hormone treatment for other pituitary hormone deficiencies.

Initiation of GH treatment, dose titration and assessment of response must be carried out only by a consultant endocrinologist with a special interest in the management of GH disorders. Maintenance treatment can be prescribed in primary care under an agreed shared-care protocol between both consultant and GP practice.

GH treatment should be discontinued if the quality of life has not improved sufficiently within nine months.

GH devices

Patients can choose from a selection of pens and devices. A specialist endocrine nurse demonstrates how to assemble these and administer the subcutaneous injection. Each preparation has its own guidelines for reconstitution and storage.

Follow up is required at set intervals until the dose is titrated up within the therapeutic range for that individual and a maintenance dose set.

Nearly all manufacturers offer home delivery, which helps patients feel they have some control over their treatment if they wish, but the majority deal directly with their local pharmacist for their medication.

Advice for travellers

As with all patients who self-inject, a covering letter to explain the nature of the medicine is required before travel. Remind patients to keep their medicines in the cabin of an aircraft and not in the hold, as the temperature will damage the preparation.

See the case study with this article at www.chemistanddruggist.co.uk/update.

Acromegaly

Acromegaly is caused by hypersecretion of GH. It may occur at any age but is rare before puberty. Excess GH production in childhood results in exaggerated bone growth and excessive height, known as gigantism.

In over 99 per cent of cases, the cause is pituitary adenoma, a benign tumour that secretes GH. Less commonly, increased GH originates from the hypothalamus or ectopic secretion from non-pituitary tumours. Insidious in onset, it affects both sexes equally and usually occurs in middle age.

Signs and symptoms

- coarsening of facial features
- excessive sweating and oily skin
- headaches
- visual disturbance
- tiredness or lethargy
- joint pains
- enlarged hands and feet
- change in ring or shoe size
- deep voice
- macroglossia
- sleep apnoea

Treatment

Transphenoidal surgery is the treatment of choice, with or without radiotherapy.

Oral dopamine agonists, most commonly bromocriptine, cabergoline and quinagolide, prevent the release of GH by binding to dopamine receptors on the tumour surface. The drugs should be taken with a light snack before going to bed, which helps to reduce the likelihood of dizziness and nausea.

Somatostatin analogues are injectable preparations, which prevent the release of GH from the tumour. Long-acting intramuscular injections require expert handling to reconstitute and administer. The endocrine specialist nurse usually administers the first dose and then teaches community nurses to take over this duty.

These medications are extremely costly (up to £1,062 per injection), so it is important that everyone concerned is adequately trained to administer them.

Autogel, given by deep subcutaneous injection, also costs up to £1,000.

Pegvisomant, a genetically modified analogue of human GH, is a highly selective GH receptor antagonist. It is used in patients who have had an inadequate response to surgery and/or radiation, and in whom appropriate treatment with somatostatin analogues did not normalise IGF-1 concentrations or was not tolerated.

Pegvisomant has a unique mode of action. It does not inhibit GH secretion from the pituitary tumour but binds to GH receptors on cell surfaces, thereby

blocking GH binding and inhibiting IGF-1 production. In this way it interferes with intracellular GH signal transduction. The drug costs from £18,000 to £50,000 per annum.

Diabetes insipidus (DI)

DI is a rare disorder in which the kidneys produce large quantities of dilute urine, causing extreme thirst and disturbed sleep. Polyuria is defined as the excretion of over three litres of urine in 24 hours.

One of the following mechanisms may be responsible:

- Deficiency of vasopressin, termed hypothalamic DI (also known as neurogenic, central or cranial DI). The estimated prevalence is 1:25,000, with equal gender distribution.
- Failure of the kidneys to respond to the antidiuretic action of vasopressin, termed nephrogenic DI.
- Inappropriate excessive water drinking – primary polydipsia.

Before diagnosis, other causes must be excluded eg hyperglycaemia, hypokalaemia, hypocalcaemia and significant renal insufficiency.

Persistent polyuria can lead to dehydration but, given free access to water, most patients can maintain water balance through an intact thirst mechanism.

Hypothalamic DI may be acquired through trauma – either as a result of open or closed head injury or surgery – which damages the hypothalamus, pituitary stalk or posterior pituitary. Other causes include tumours, infections and inflammatory conditions as well as idiopathic reasons.

Treatment

Treatment of hypothalamic DI is usually with desmopressin, a synthetic vasopressin analogue that has a more potent and longer duration of action. It can be given orally, by intranasal spray or intramuscular injection. There is a wide individual variation in the dose required to control symptoms.

Desmopressin is well tolerated but monitoring of serum sodium and osmolality is essential as hyponatraemia or hypo-osmolality may develop.

Inherited nephrogenic DI may benefit from thiazide diuretics, which paradoxically reduce urine volume.

This is a very debilitating illness until patients are treated optimally and learn how to adjust their doses of desmopressin to achieve normality. The Pituitary Foundation has a Toilet Facilities card to aid patients to access a toilet when others may not .These would be beneficial if available at the pharmacy when desmopressin is dispensed. See box above left for contact details.

For further reading about this subject, including a case study on GH and diagnosis of diabetes insipidus go to www.chemistanddruggist.co.uk/update.

Alison Milne EN RGN is an endocrine specialist nurse at the Pituitary Foundation.

The Pituitary Foundation

The Pituitary Foundation has a wide range of services to help pituitary patients and their carers (www.pituitary.org.uk) and is holding a Pituitary Awareness Week from September 21 to 27.

Further information: 0845 450 0376

Patient information and support helpline: 0845 450 0375 (Monday-Friday 9am-5pm)

Endocrine nurse helpline: 0845 450 0377 (Mon 5.30pm-9.30pm/Thurs 9am-1pm)

Email: helpline@pituitary.org.uk

Your Continuing Professional Development

CPD

Act

- Read the GH case history and more information about the diagnosis of diabetes insipidus in the longer version of this article on the C+D website (www.chemistanddruggist.co.uk/update).
- If you haven't already done so, read the article on hormones secreted by the pituitary gland and treatment of hypopituitarism and pituitary tumours in C+D, July 26, 2008, p16-19. The CPD section gives further reading suggestions on acromegaly.
- Read the leaflet on GH deficiency on The Pituitary Foundation website at www.pituitary.org.uk/content/view/68, which has more information for patients and medical professionals.
- For more information about GH deficiency in children read the booklet on the Child Growth Foundation website at http://tinyurl.com/6ondyb.
- Learn more about diabetes insipidus from The Pituitary Foundation at www.pituitary.org.uk/content/view/58/69 and The Diabetes Insipidus Foundation at www.diabetesinsipidus.org/whatisdi.html.
- Read the British National Formulary sections on drugs used in the treatment of growth hormone deficiency, acromegaly and diabetes insipidus.
- Revise other pituitary conditions that have not been covered in these two articles, eg the role of cortisol in Cushing's Disease at the Patient UK website at www.patient.co.uk/showdoc/27000139.
- Read more about hyperprolactinaemia (another pituitary condition), its treatment and its effects on patients' lives from the Pituitary Foundation at www.pituitary.org.uk/content/view/55/128 and the Patient UK website at www.patient.co.uk/showdoc/27001389.

Evaluate

- Do you feel confident in your knowledge of the conditions covered in this article and the drugs used to treat them? Could you advise patients about pituitary disorders and direct them to further sources of information?

Next week: Update looks at the diagnosis and treatment of coeliac disease

CPD Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the October 4 issue, which will cover this month's three CPP-accredited modules. A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on **01732 377269**.

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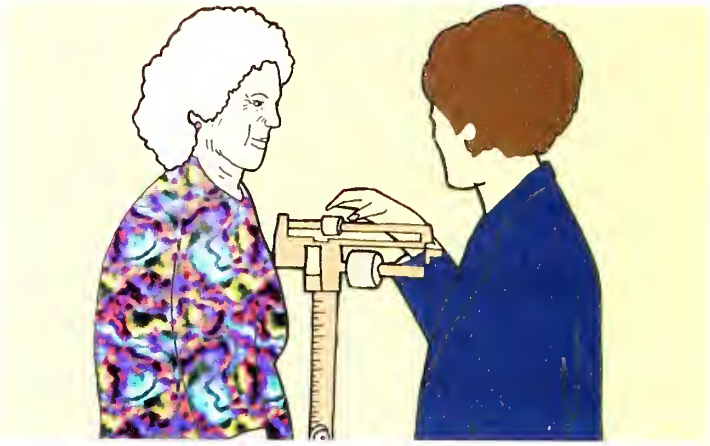
A Practical Approach

An unwanted medicine



"Tell them not to give me any of the diabetes tablets, I don't need them," says Mrs Sharon Wall as she hands over a repeat prescription to Madeleine, medicines counter assistant at the Update Pharmacy.

Madeleine passes on the prescription and the message to pharmacist David Spencer, who checks the script against Mrs Wall's PMR. He notes she is 68 years old and that metformin 500mg qds was prescribed for the first time two months previously. The other items on the prescription – aspirin 75mg, atenolol 100mg and bendroflumethiazide 2.5mg, all om – have been prescribed for some years. David comes out and asks Mrs Wall why she doesn't need the metformin.

"Oh, I've stopped taking them. They were making me feel sick and giving me the runs. But I feel OK without them. In fact, I've just got a clean bill of health from the surgery.

"I saw the nurse a couple of weeks ago for a regular weight, blood pressure and cholesterol check and she said they were all right, except for my weight. She said that I'm 'clinically obese' and that I should really be sticking to the diet doctor gave me and trying to get my weight down."

"Did you tell the nurse about the metformin?" David asks.

"No, that's for the doctor, isn't it?"

"Did you tell the doctor?"

"No. My next appointment with him isn't for another four months. Anyway, I wouldn't want to upset him by saying something he prescribed didn't agree with me."

Questions

1. In view of the adverse effects caused by metformin, how should Mrs Wall's diabetic therapy be managed?
2. If David was contacting Mrs Wall's GP about the metformin, is there anything else about her drug therapy that he might mention?

This article can help in the following CPD competencies: **G1a, G1c, G1d, G1e, C1a, C1b, C1d, C3e.** See http://tinyurl.com/68ox7b

Answers

1. Metformin is the first-line hypoglycaemic for obese patients with type 2 diabetes. However, Mrs Wall's introductory dose is too high. It should be reintroduced at a dose of 500mg daily and gradually raised, titrated against blood glucose level and side effects, over four to six weeks to a maximum of 2g daily.
2. As Mrs Wall has been diagnosed as diabetic, her antihypertensive therapy of a thiazide diuretic and a beta-blocker may no longer be appropriate as the combination can cause glucose intolerance. An ACE inhibitor is the first choice antihypertensive for people with diabetes and David might suggest one in place of the atenolol, the dose of which is high anyway. Also, statins are recommended for all patients over 40 years with diabetes, and David could recommend that a statin be added to Mrs Wall's therapy.

C+D's A Practical Approach is supported by APOTEX UK LTD

Clinical Alerts

New Products

Imuvac 2008/2009 (influenza virus surface antigen, inactivated) Prophylaxis of influenza, especially in those who run an increased risk of associated complications. Solvay Healthcare, 02380 467000, medinfo.shl@solvay.com

SPC Changes

Novofem film-coated tablet Patients with hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. Novo Nordisk, 01293 613555, ukmedicalinfo@novonordisk.com

Dulcolax tablets, 5mg (GSL) (bisacodyl) Electrolyte imbalance may lead to increased sensitivity to cardiac glycosides added to interactions. Boehringer Ingelheim, 01344 424600, medinfo@bra.boehringer-ingelheim.com

Minodiab 2.5mg and 5mg (glipizide) Addition to interactions – voriconazole may increase the plasma levels of sulfonylureas, and therefore cause hypoglycaemia. Pharmacia, 01304 616161.

Atripla 600mg, 200mg and 245mg film-coated tablets (efavirenz, emtricitabine, tenofovir disoproxil fumarate) Information on tacrolimus added to interactions. Gilead Sciences, 01223 897300, ukmedinfo@gilead.com

Full Marks Lotion (phenothrin) Information on coloured or permed hair, broken skin and use in consecutive weeks added to special warnings and precautions. SSL International, 08701 222690, medical.information@ssl-international.com

http://emc.medicines.org.uk

Sign up to get SPC changes and new products emailed to you each week: www.chemistanddruggist.co.uk/register

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Products in brief

Diclofenac launch ahead

The switch from POM to P of Voltarol Pain-eze tablets (12.5mg diclofenac) has been approved by the MHRA. An-18 tablet pack will launch early next month, reports manufacturer Novartis.
Price: £5.99/18; Pip code: 339-8815; Novartis Consumer Health; Tel: 01403 210211

Udderly offers extra

Extra Care cream with 10 per cent urea has been added to the Udderly Smooth skincare range. Designed for patients with skin conditions including eczema and psoriasis, the cream has been used in US oncology departments to help combat side effects of chemotherapy such as dry skin.
Price: £8.29/227g; Pip code: 340-6089; Udderly Smooth; Tel: 0845 003 2210

NaturVital exclusive

NaturVital is a new topical hair loss programme, launching exclusively in Boots next week. The shampoo should be used in conjunction with a once-weekly application of Treatment. For tackling acute hair loss, Intensive Treatment Serum is available. NaturVital will remain exclusive to Boots until October 2009.
Prices: from £9.99-£29.99
NaturVital; Tel: 01925 210349

Clearblue's just in time

Clearblue has upgraded its digital pregnancy test with the introduction of a conception indicator.

The advance was developed after consumer research found women, on discovering they are pregnant, want to know when they conceived. The product claims to be a first for the home pregnancy testing market.

Within three minutes of testing, the test's display shows either 'Pregnant' or 'Not pregnant'. A 'Pregnant' result also shows one of three options for when the baby was conceived: 1-2, 2-3 or 3+ weeks ago. The pregnancy result is 99 per cent accurate while the conception indicator claims 92 per cent accuracy.

Trade and consumer advertising will support the product launch.

Product info:
Ceuta Healthcare
Tel: 01202 780558
www.clearblue.info/uk

Head to web for migraine advice

The Migraine Action Plan is a new online resource for migraine sufferers. Developed by GSK's Imigran Recovery brand, the website allows users to calculate the impact migraines have on their life and create a personal plan to help manage attacks, identify triggers and review treatment. Those finding their treatment does not provide adequate relief are encouraged to speak to their pharmacist.

The website has been reviewed by Dr Anne MacGregor, director of research at the City of London migraine clinic.

An advertorial campaign is running in women's consumer titles this month and next, and web-TV interviews with Dr MacGregor will be featured on women's websites.

Product info:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637
www.migraineactionplan.co.uk

Brush at the kohl face

Liner Effect mascara is being launched in October by Bourjois in three shades. Its kohl-enriched formula is said to lengthen the lashes and accentuate the roots to define the shape of the eye. The brush features short bristles on one side to apply mascara to the base of the lashes and long bristles on the other for use along the lashes.

Price: £8.50
Bourjois; Tel: 020 7462 4906

Tea Tree's lemon aid

Nature's Response is a new range of five skincare products from Tea Tree, all free from parabens and sodium laureth sulphates.

The Organic Tea Tree Lemon Scented range includes body butter, luxury hand wash, hand & nail lotion, body scrub and body wash.

Price: £3.99-£4.49/250ml
Pip code: see C+D Monthly Pricelist
Tea Tree Ltd; Tel: 01476 569775

Avoid the slump with some help from Karma

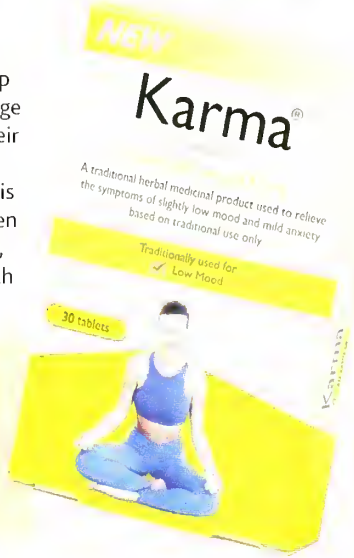
Karma is a new licensed herbal medicine available from Schwabe Pharma. Containing dry extracts from the aerial parts of St John's wort, the product is licensed for the treatment of low mood and anxiety.

According to the 'Slump nation' survey of more than 3,000 people carried out on behalf of Schwabe, nearly 70 per cent of adults in the UK feel unhappy or low without knowing why and 30 per cent feel like this twice a week. Monday is the lowest day of the week and women are more likely to feel down than men.

The term 'slump' is used by psychologists to describe a low mood that is not as serious as clinical depression. Symptoms include irritability and poor sleep patterns. A third of sufferers binge on food and 20 per cent lose their libido, found the survey.

Marketing support for Karma is £500,000, part of which has been spent developing a new website, www.schwabepharma.co.uk, with microsites for specific products.

Prices and Pip codes:
£14.99/30, 339-4517;
£24.99/60, 339-4525
Schwabe Pharma
Tel: 01628 401980
www.schwabepharma.co.uk



Philips is getting intimate

Philips has launched a range of intimate massagers. Designed for couples, the massagers can be held in the palm of the hand and feel warm and smooth to the touch, says Philips.

They have different surfaces for varied sensual experiences and are intended for non-penetrative use by both partners.

In research conducted by the company, three-quarters of respondents said they were open to experimentation in their intimate relationships.

Three products are available in the range including a dual intimate massagers set. All are waterproof and feature sealed control buttons, four vibration modes and are presented in an automatic charging case.

As well as being available in Boots, the massagers will be sold in Selfridges, the Philips Shop and via the Amazon website.

Price: £79.99-£89.99
Philips
Tel: 01483 293323
www.philips.com/intimatemassagers

HiBi cleans up hands

Gel Hand Rub+ has been added to the HiBi range of antiseptic products. Described as a hygienic, waterless hand disinfectant, the product is said to be ideal for on-the-go protection. It contains 2 per cent chlorhexidine gluconate, lasts for up to six hours and is effective against a broad range of fungi and bacteria. Two pack sizes are available – 125ml and 500ml – suitable for use both by consumers and healthcare professionals.

Also new is HiBi Wash+ (4 per cent chlorhexidine gluconate), a foaming handwash for use in the home.

Prices and Pip codes:
Rub+ £3.99/125ml, 338-4625, £7.99/500ml, 338-4617;
Wash+ £4.99/250ml, 338-4708
HiBi Health
Tel: 0161 777 2688

FREE!
We have five pairs of the new Gel Hand Rub+ and Wash+ products to give away to C+D readers. Email your details by September 28 to competitions@cmpmedica.com with 'HiBi' as the subject

Products advertised on TV next week

Breathe Right: All areas
First Response Early Results Pregnancy Test: All areas
Frontline Spot On: GMTV, five, Sat, West Country
Gaviscon Double Action: All areas except GMTV
Hedrin: GMTV, five, Sat
Nurofen Express: ITV, Sat
Nytol: All areas
Sensodyne: All areas
PharmaSite for next week: Nytol – windows, **Nytol** – in-store, **Nytol** – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Products in brief

Make-over for Men

The Nivea for Men skincare range has been relaunched with colour-coded packaging and updated formulations. The Revitalising and Anti-age products boast a new fragrance while Moisture & Protection variants are newly scented. Q10 Moisturiser has been reformulated to contain double the concentration of coenzyme Q10. A new category of clear skin has been created with the launch of a face wash and a reformulated face scrub.
Prices and pip codes: see C+D Monthly Pricelist
Beiersdorf; Tel: 0121 329 8800

Earol Swim takes plunge

Earol Swim olive oil spray has been launched by HL Healthcare, designed for the prevention of swimmer's ear. The product's applicator is inserted into the opening of the auditory canal with the head tilted to one side, then the actuator is pressed, delivering the necessary dose of olive oil to create a water resistant barrier inside the ear.
Price: £8.99/10ml; Pip code: 339-5241; HL Healthcare; Tel: 0161 928 3998

Retail TALK

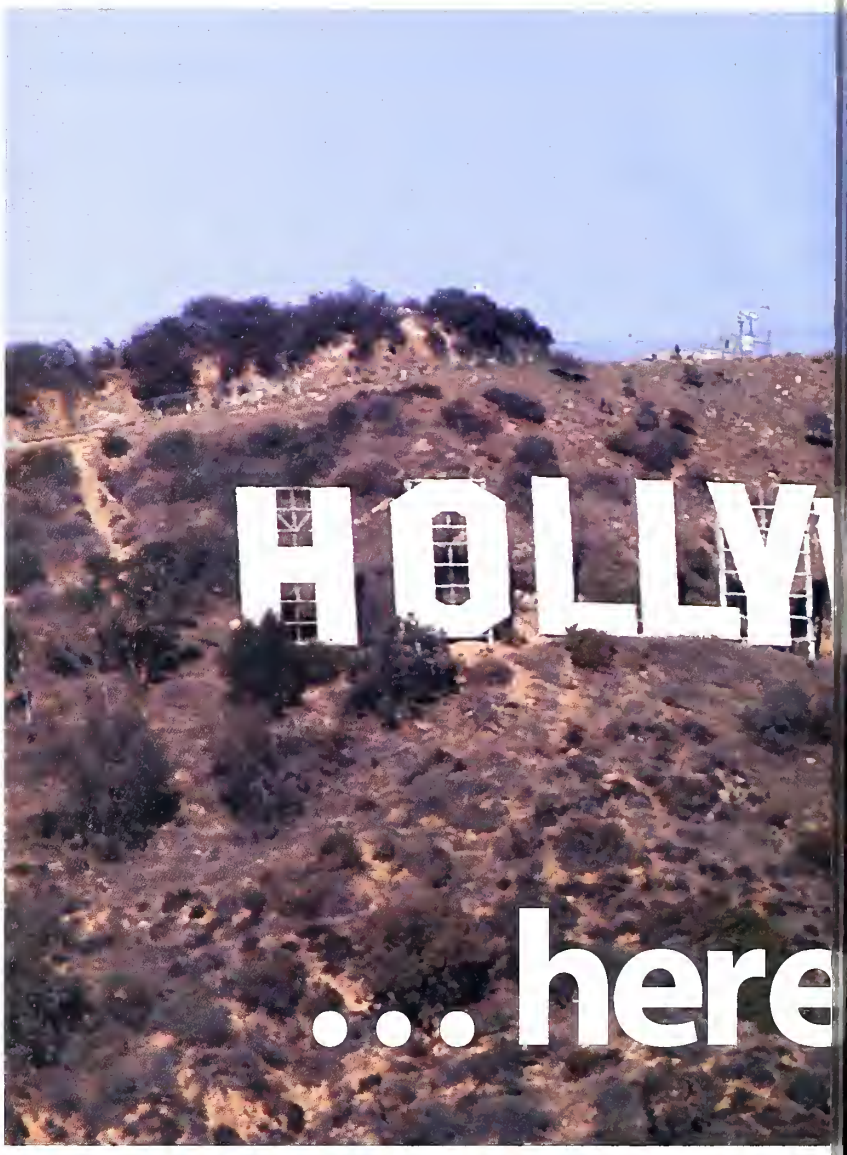
Are planograms useful when merchandising your pharmacy?

WEB VERDICT:

Yes: 22%
Sometimes: 27%
Don't use: 51%

Off the shelf view: The purpose of a planogram is to improve sales. By making the display visually appealing and logical, customers are more likely to find and buy what they came in for. That's the theory anyway. So for the 51 per cent of respondents not using planograms, why not give them a chance and see if tidy shelves really do translate into better sales.

What happens when the film industry meets pharmacy? As the crew of the British film The Pharmacist took over a London independent contractor's store, **Zoe Smeaton** went to find out



The shelf is a brand manager's dream: the indigestion remedies are lined up neatly, there is not a speck of dust to be seen, and labels clearly signpost the products on offer. Yet among it all, positioned carefully so as not to disrupt the order, is a white polystyrene cup with a drizzle of coffee in the bottom, discarded after someone's earlier caffeine hit.

This is the first thing I notice as I step across the threshold into Perfucare Pharmacy. And a quick glance around the store reveals other unusual objects. The floor at the front of the store is littered with everything from coats and what look like microphones, to cardboard boxes and a plate of steaming bacon rolls. There are also people; a lot of people. Some are huddled around the dispensary, some sit on makeshift chairs and others scurry around the shop; but all are engrossed in their tasks.

All of this is not entirely unexpected, as today Perfucare is no ordinary pharmacy, but the set of a film. It has been taken over by the film crews, who are shooting scenes for the movie The Pharmacist.

As I struggle to take everything in, I am greeted by contractor Rashmikant Patel. Mr Patel says everything has been going well. He was anxious that the pharmacy be kept tidy as he has to open for business in the morning, but the crew have respected this. He says: "The pharmacy is clean and neat, my staff are going to get a shock tomorrow because I'm going to tell them this is what they're supposed to do."

Another unexpected bonus came when the film required some scenes to be shot in the little garden at the back of the pharmacy. Mr Patel enthuses: "They have transformed my garden completely, they have put everything in – a new lawn, flowers – and they have cleared away the rubbish."

Tom Dalton, the producer of the film, also tells me things are going well, although he has been surprised by the number of customers trying to get into the shop on a bank holiday. "Even elderly patients have been trying to squeeze under the half closed shutters," he adds. While most patients have been friendly, he says that turning some away, such as those seeking methadone, has been a "bit hairy".

Mr Patel says he is looking forward to explaining to these customers what has been going on when he sees them tomorrow. "Not a lot of people know what's happening. I think a lot of people will be coming in and asking what was going on." He says the customers he has told so far have been asking whether he will be starring in the film. "I told one customer they had found someone for the role and he said 'No, it's got to be you, not her', which could be interesting."

Fellow pharmacists have also taken a keen interest in the film, as Mr Patel says: "When we had an article in C+D about it, so many people rang me it was incredible. They were saying it was fantastic I was doing a film and that they didn't know I was an actor!"

Right: Filming on traditional rolls of film means the team have to ensure every detail is perfect when they shoot

Middle: The film crew crowds around Perfucare's dispensary

Far right: Boxes, coats and camera equipment... not your average pharmacy clutter

Mr Dalton says making a film in the pharmacy has been relatively easy, apart from the long daily commute through London, and the 10 to 11-hour days. The team has even been able to rent the flat above the store and are using it as a combined costume and make-up room, and as somewhere to eat their meals.

I am taken to a small group of people, huddled around a screen, and Mr Dalton explains that the screen shows what is being filmed, so they are using it to adjust the cameras. As The Pharmacist is being shot on traditional rolls of film, it can't be viewed immediately afterwards, so the team has to ensure that every detail is perfect. This perhaps explains the high number of people here today and the fact that they all seem so busy.

I am lucky enough to see a scene being shot, and as the pharmacy shutter rises to let more light filter in, the cameras begin to roll. The director waves a hand and silence descends. We inhale, and as the scene unfolds, hope that no-one and no sound interrupts. The scene is straightforward and familiar – it involves a man coming into a pharmacy and buying a medicine. Everything goes smoothly on the second take.

And things have gone smoothly for Mr Patel too, as he says the film makers are being tidy, and are also sticking to his deadlines by only filming on a bank holiday when he is closed.

But he has been keeping a close eye on things and getting regular updates from the producers throughout the day just in case. And at one point he can even be spotted catching up on some business, tiptoeing around the dispensary and logging on to his computer while the crew prepare for their next scene. It's all in a day's work.

As filming slows, and Mr Patel's pharmacy returns to normal, for the rest of the team this is only the beginning. Tom Dalton, who is producing the film, says that once filming was completed, the lengthy process of linking the rolls of film together on the computer and cutting and editing began.

Mr Dalton explains: "We're working on the additional elements, so adding sound effects and missing bits of sound. And things that are more fun to work on, like the music. It's a long process."

The team is still working on these tasks, and alongside them has recently produced an advert which has given the film a cash injection.

Once a first cut has been completed, the film will be shown to people in the industry for feedback, and then altered as necessary. Mr Dalton says he thinks the original plan to get the film by the end of the year is still realistic.

The team is happy with the film so far though, as Mr Dalton says: "We got a good performance from Liana [who plays the pharmacist] and we're confident it's going to be the film we imagined." But he warns there are still challenges to come: "We can be as happy as we like with our film but we need an audience... that's the painful part."

A female contractor finds an injured man in her pharmacy one night and decides to help him. The film focuses on the pharmacist and the consequences of the decisions she makes.

Liana Gould will play the pharmacist in the film. Ms Gould is currently starring on stage in The Lady of Burma, which has made sell-out appearances in London and at the Edinburgh festival.

Perfucare Pharmacy, Kirkdale, London. The pharmacy is next door to an empty shop, as required by the script.

Rashmikant Patel, who says he wanted to be involved in the film to help promote the profession more widely.

Texture Films, a small independent production company in London working on both adverts and fictional features.

The team began looking for stars and pharmacies last year, and expect the film to be released early in 2009.

"Pharmacy should be more interested in getting into the media because if there are any issues in the profession that is the only way you can bring them out. At the moment the public don't read about those issues, like long working hours and less pay.

"I think it's important that pharmacists get behind things like this, and it's not that difficult. A lot of people were asking so many questions about why I was doing it, how I could bear it, but I had confidence and so I said: 'Let's go for it.'

"I hope the film is successful, and I hope it will let people know what pharmacy can do... a lot of patients I know think pharmacies only give out medicines. But I do think it's going to be a good film, and I think it will show the profession in a good light, especially independent pharmacists. We just need to make sure everyone knows about it."

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Community pharmacy is an intensely competitive business and one that has been hit by cash flow and operational challenges as the government recovers excess purchase profits with little or no warning.

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The format of the seminar will be practical and hands on. You will examine issues from your own business and leave ready to create a powerful and unique action plan for your business. The seminar will show how a clearly defined business strategy, motivated staff and a focused approach to reaching your business objectives, can pay dividends.

Download the full programme, booking form and cancellation policy at www.chemistanddruggist.co.uk/seminar

Programme

9.30am Registration and refreshments

10am Introduction and overview of the pharmacy landscape
- The key policy drivers
- Why you need to adapt your business
- Q&A on the Government's blueprint for pharmacy

11am Group exercise
- Review your business objectives and identify ideas for development
- What makes your business succeed?
- What is getting in the way of it being even more successful?
- What ideas do you want to implement?

12pm Your business
- How to analyse your business
- How to define a direction and implement it
- Identifying what makes your business unique
- Identifying what opportunities you can exploit
- Understand competitive advantage

1pm Lunch

2pm Business models
- What different business models are there?
- Which business model is right for you?
- Key features of different models
- Pros and cons for each
- Your current business model
- Future proofing your business model

3.30pm Change management
- Learn how to put this learning into practice
- Tools to help you deliver change in your business
- Recognising where to focus to make the change happen
- Making it happen and ensuring you keep on course

4.30pm Questions and summary
- The day's learning plus actions and top tips to take away

5pm Close

Booking form

Yes! I would like to attend the 'Maximising Your Pharmacy's Potential' seminar.

Full day seminar including refreshments and lunch: £195 + VAT (£229.12) per delegate place

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Number of places required_____ I enclose a cheque for £_____ made payable to CMP Information.

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Please send your completed booking form to: Elaine Steele, C+D, Riverbank House, Angel Lane, Tonbridge, Kent, TN9 1SE or call 01732 377621 to book your place

C+D

0207 921 8119

Booking and copy date
12 noon Monday prior
to Saturday publication subject
to availability

Contact:
Deborah Heard
Chemist+Druggist (Classified),
CMP Medica Ltd
Ludgate House
245 Blackfriars Road
London SE1 9UY

T: 0207 921 8119
F: 0207 921 8130

www.chemistanddruggist.co.uk
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Recruitment

C+D Reporter

Are you interested in a career in journalism?

C+D is looking for a pharmacist to join its busy editorial team as a full-time reporter based at its office in Tonbridge, Kent.

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You are: sharp and eager to learn with a keen interest in pharmacy politics and news.

We are: a global media company committed to developing its employees and being the best B2B publishing company.

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C+D is part of CMP Medica, the global healthcare division of United Business Media. As part of one of the largest publishing companies in the UK, C+D offers a great working environment and all the benefits you would expect from a major employer.

If you think you have what it takes, email your CV and a covering letter to Gary Paragpuri MRPharmS, Editor, at gparagpuri@cmpmedica.com or post it to Chemist+Druggist, CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE. Closing date: September 29, 2008

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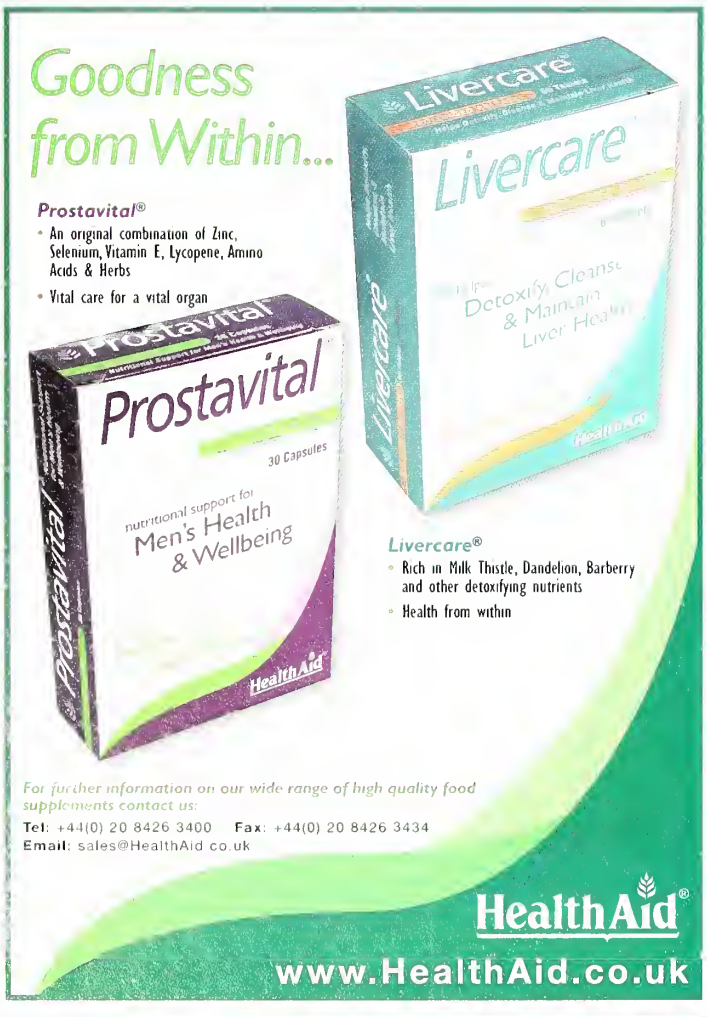

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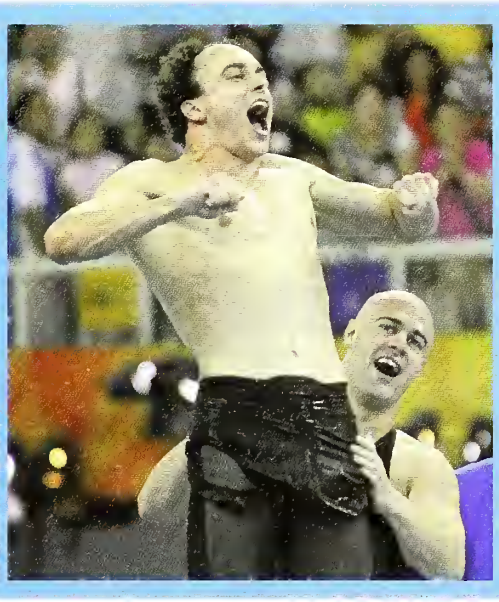

Pharmacist scoops gold

A South Wales pharmacist has won a gold medal in the Paralympic Games in Beijing. Graham Edmunds and the rest of the 4x100m swimming freestyle relay team (which also won in Athens four years ago) managed to smash the world record by just under seven seconds.

The former Boots pharmacist, who left his Swansea branch four months ago to train full time for the games, was overjoyed with the victory and said: "We are all so happy to get the gold and retain our title. It went a lot better than it ever has for us."

Mr Edmunds was in a serious motorbike accident in 2000 that left doctors considering amputating both of his legs, and puts his recovery down to sport.

Pharmacist Graham Edmunds celebrates after winning gold in the men's 4x100m swimming freestyle event at the Paralympics

Message on a bottle

Co-operative Pharmacy representative Lisa Kelsall (second left) presents Middlesbrough charity Positive Strokes with a 'message on a bottle' worth £1,000.

The charity, a support group for people who have had a stroke and their carers, was one of 17 to share the company's £20,000 North East Community Health Fund.

Positive Strokes chief fundraiser Les Spicer (front) said: "This donation is a huge help that allows us to continue our programme of meetings and activities."

Web comment of the week

BPC: Six in 10 don't take breaks Posted by David Tyas, on 11/09/08, 18:26

*It has now been **proposed in the legislation** due to be put before Parliament before the end of this month **to permit** the **Responsible Pharmacist** up to **two hours' absence** from the pharmacy, but with the obligation of being **contactable at all times**, and able to **return to the premises** within a short time if necessary – **this is NOT** the long overdue provision for **adequate rest breaks** in compliance with the Working Time Directive. **Back to the drawing board, please!***

Have your say on C+D's website
register for free at www.chemistanddruggist.co.uk

Back row, from left: Mike Egan, Steve Goodwin, Martin Tague, Chris Brown. Front row, from left: Carol Butler, Dev Sumboo and Andy Fraser

Pubs, treks and atrocious weather

UniChem employees have been hiking and indulging in pub dinners, all in the name of charity. A team of seven employees completed a coast-to-coast walk along Hadrian's Wall, raising more than £6,000. The team, who were of varying levels of fitness, faced atrocious weather that made parts of the 84-mile route almost impassible.

Martin Tague, UniChem regional transport manager for the Midlands, said: "Trudging up and down rocky outcrops... certainly made us all feel like pulling off our socks and walking boots at the end of the day and visiting the local pub for some refreshment."

The team were raising money for their charity partner Leonard Cheshire Disability.

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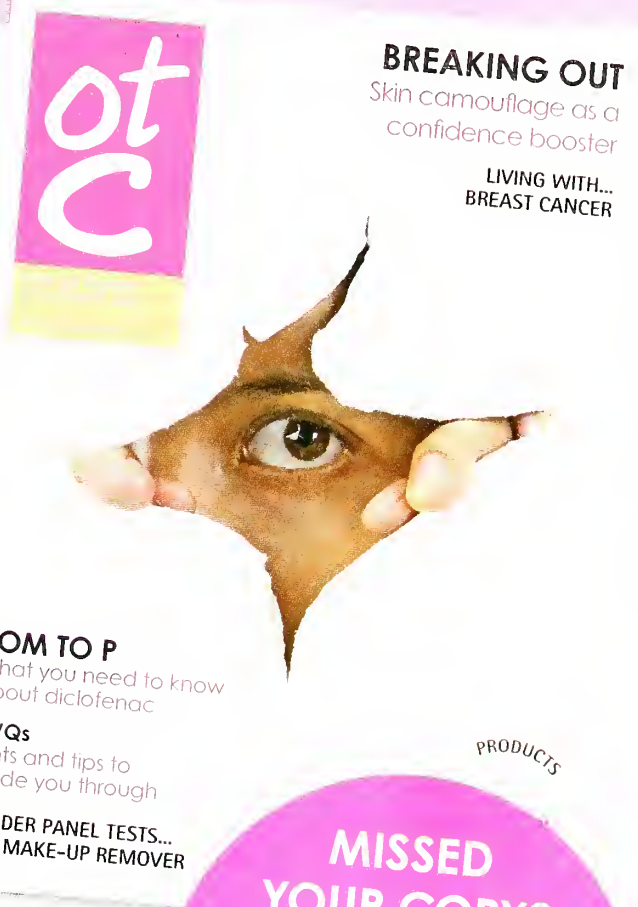

In this month's issue:

- **Studying for NVQs**
- **Skin camouflage**
- **Women's health**
- **Competitions, quizzes and product giveaways**
- **Know your stuff on a recent POM to P switch?**

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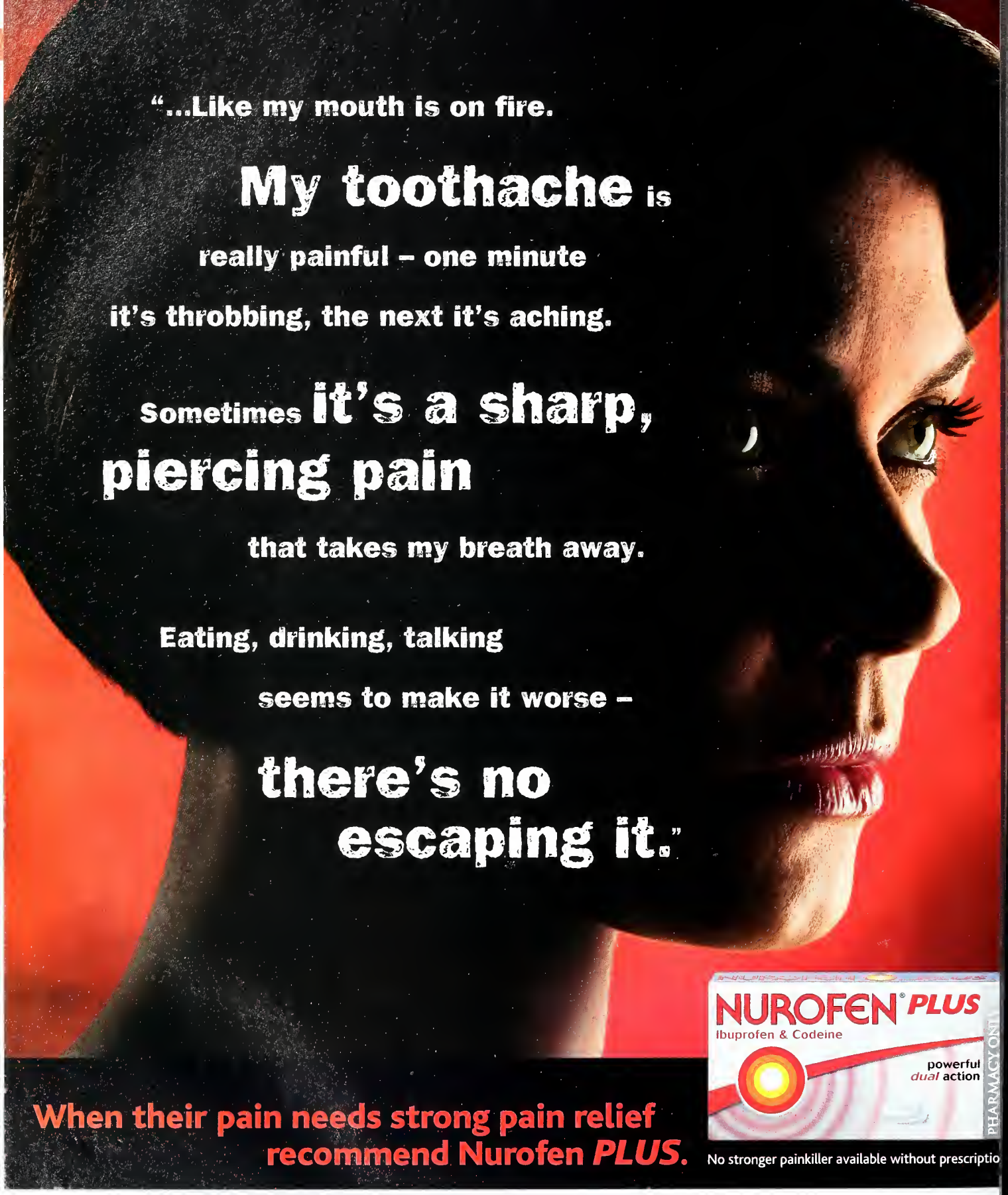

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